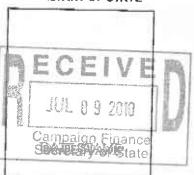
2010 ELECTION CYCLE

## Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election

Delbert Hosemann SECRETARY OF STATE



Name of Committee Committee to Elect Jes Smith	
Address 2120 Front Street, Meridian, MS 39301	JUL 0 9 2019
Telephone (601) 482-8783 Fax (601) 482-0117	Campaign Financ
Treasurer Marvin B. Speed Email Marco electiessmith. com	
Check here if above is different from previous report	
May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)   June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)   X July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)   October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)   October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)   November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)	

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code
- Ann. § 23-15-507 (b) (ii) and (iii). The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Iterni	Itemized + Non-itemized =		This Period		Calendar Year-To-Date	
Total amount of contributions \$ - 0	- +\$	- 0 -	\$ 	\$	3,450.00	
Total amount of disbursements \$ 2.37	4.25 +\$	_0-	\$ -0-	\$	2,314.25	
Total amount of cash on hand			\$ 1, 474,64		_	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Manin B. for all Treasurer
Signature of Director or Treasurer

Authority: Refer to Miss. Code Ann. 523-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-16-811 and 813 (1972).

BEND FD. 1. Cardidates for Statewide, State assistic, musti-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-579-2819.

2. Candidates for county-wide and county district offices should return forms to their county Circuit Clerk.

			Page	-1-
Name of Candidate or Committee Committee	to Elect	Jes Smith		
Reporting period June 1, 2010	through	June 30, 2 +10		

## ITEMIZED DISBURSEMENTS

A Full name	Date	Amount of each
Political Insights Inc.	(Mo., Day, Year)	disbursement this period
460 Briggwood Drive, Suite 300 City, State, Zip Code	06/14/100	2,376.25
Jackson, MS 3 9206		s
Purpose of Disbursement (Optional)  Campaign Brackures  B. Full name	Aggregate Year-to-date	s
120 (J. 1110 ) 200 (J. 1110 )	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zlp Code		s
Purpose of Disbursement (Optional)	Aggregate	s
C. Full name	Year-to-date Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate	S
D. Full name	Year-to-date Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period \$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate	\$
E. Full name	Year-to-date	
Mailing Address	(Mo., Day, Year)	Amount of each disbursement this period
Fity, State, Zip Code		s
AND		\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	s
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ailing Address		\$
Ity, State, Zip Code		s
urpose of Disbursement (Optional)		